

New York State Department of Environmental Conservation
50 Wolf Road, Albany, New York 12233-0001

Lane



Henry G. Williams
Commissioner

MAY 29 1986

N.B. Jamicson
B.H. Aircraft Co. Inc.
441 Eastern Parkway
Maplewood Avenue
Farmingdale, NY 11735

file

119 = 4
1105 = 6 → 5
Entered S.P. 7/12/86
1C 305 = \$

Re: Reclassification of EPA I.D. No. NYD002042067

Dear Mr. Jamicson:

The New York State Department of Environmental Conservation (DEC) is now fully responsible for administration of the Resource Conservation and Recovery Act (RCRA) regulatory program for hazardous waste facilities operating under interim status with Part A RCRA Permits.

In order to qualify as an interim status hazardous waste treatment, storage or disposal (TSD) facility pursuant to Section 3005(e) of RCRA and 6NYCRR Part 373, a facility was required to be in existence on November 19, 1980, and to be conducting a hazardous waste activity requiring a RCRA and/or Part 373 Permit. Based on information submitted by your company, it appears that your facility has never qualified for interim status pursuant to Section 3005(e) of RCRA and/or 6NYCRR Part 373, insofar as it never conducted a RCRA or 373 permittable activity. Therefore, DEC considers your facility to never have operated with interim status under a Part A Permit.

If you have any information which would otherwise indicate that your facility had or does qualify for interim status under RCRA or Part 373, it must be submitted within 14 calendar days of the date of this letter. If you do not respond to this letter within the time provided, your facility will be removed from the list of active TSD facilities.

Please be advised that withdrawal of your Part A Permit application terminates your privilege to operate with interim status in the future. Should you decide to conduct any activity not exempt from the permit requirements of 6NYCRR Part 373 and/or 40 CFR Parts 264, 265 and 270, you must first obtain full Part 373 and RCRA Permits. Failure to obtain the proper permits will subject you to enforcement actions pursuant to Section 3008 of RCRA and Article 27, Titles 7 and 9 of the Environmental Conservation Law.

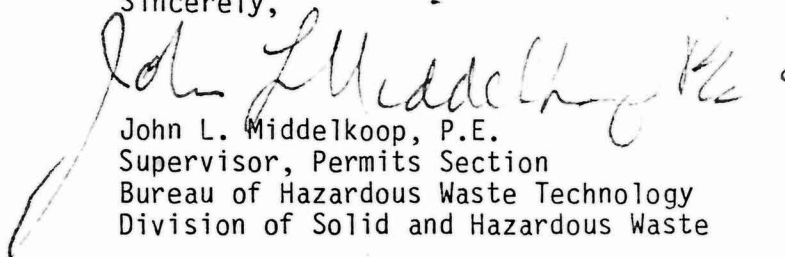
JUN 03 1986

10/1/47
10/1/47

10/1/47

Should you have any questions concerning this matter, please contact Mr. Robert Kircher, of my staff, at (518) 457-3274.

Sincerely,

A handwritten signature in dark ink, appearing to read "John L. Middelkoop". The signature is written in a cursive, flowing style. To the left of the signature is a large, diagonal handwritten mark, possibly a checkmark or a stylized "J".

John L. Middelkoop, P.E.
Supervisor, Permits Section
Bureau of Hazardous Waste Technology
Division of Solid and Hazardous Waste

cc: Richard A. Baker (EPA Region II - Permits Administration Branch)
Stan Siegal (EPA Region II - Solid Waste Branch)
David Mafrici (NYSDEC - Bureau of Hazardous Waste Operations)
Gerald Brezner, Regional Solid and Hazardous Waste Engineer, Region 1
Robert Becherer, Regional Hazardous Waste Engineer, Region 1

NYD002042067



B. H. AIRCRAFT COMPANY, INC.

AREA CODE 516
2 4 9 - 5 0 0 0

F A B R I C A T O R S O F S H E E T M E T A L A N D T U B U L A R P A R T S F O R A I R C R A F T

EASTERN PARKWAY AT MAPLEWOOD AVENUE
FARMINGDALE, N.Y. 11735

July 6, 1982

PERMITS ADMIN. BRANCH
REGION II
JUL 8 2 18 PM '82
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

U. S. Environmental Protection Agency
Region II
26 Federal Plaza
New York, New York 10007

Re: B. H. Aircraft Co., Inc.
EPA Identification No. NYD002042067

ATTENTION: Dr. Richard Baker
Chief, Permits Administration Branch

Gentlemen:

In answer to recent correspondence from Mr. Kenneth S. Stroller, P. E. (Air & Waste Management Division, EPA), and in accordance with discussions between our Environmental Consultants (Holzmacher, McLendon & Murrell, P.C.) and your office, regarding financial and liability requirements for hazardous waste TSD facilities, we offer the following information.

Our most recent application for a hazardous waste permit, as amended March 31, 1981, indicated that B. H. Aircraft Co., Inc. generates and stores on site a total of approximately 11.5 tons of hazardous waste (F001 and F006), annually. Inasmuch as the waste generated per calendar month is less than 1,000 kg and is transported off-site to a licensed TSD facility within 90 days of accumulating 1,000 kg, the facility is exempt from the financial and liability requirements of Title 40, CFR, Section 265.140 through 265.150.

Therefore, we respectfully request that a change in status be granted for B. H. Aircraft Co., Inc., from a hazardous waste TSD facility to generator only.

Very truly yours,

N. B. Jamieson,
Manager of Operations

NBJ:lb

MEMBER



Delete
TSO Category
C1105
119
Date
JH
HWDMS
9/24/82



B. H. AIRCRAFT COMPANY, INC.

AREA CODE 516
249 - 5000

F A B R I C A T O R S O F S H E E T M E T A L A N D T U B U L A R P A R T S F O R A I R C R A F T

EASTERN PARKWAY AT MAPLEWOOD AVENUE
FARMINGDALE, N. Y. 11735

March 31, 1981

U. S. Environmental Protection Agency
Region II
26 Federal Plaza
New York, N. Y. 10278

Attention: Richard A. Baker
Chief, Permits Administration Branch

Re: EPA ID No. NY D002042067

Gentlemen:

Forwarded herewith is amended Hazardous
Waste Permit application in accordance with your letter
of March 2, 1981.

Information was inadvertantly omitted from
original transmittal during translation of data from
rough draft of permit application.

Very truly yours,

B. H. AIRCRAFT CO., INC.

N. B. Jamieson
Manager of Operations

NBJ:li

CC: H2M, Attn: Gary Miller
Eng File, NBJ

PPD
APR 2 2 59 PM '81
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

MEMBER



DATE RETURNED
REASON

0 2 MAR 1981

Phase 2

☐ ACKNOWLEDGEMENT SENT

INTERNAL CHECKLIST

ID # N4D002042067

Complete

comp

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING

☐

(2) FORM 3 MISSING

☐

B. POSTMARK after NOVEMBER 19, 1980

☐

Valid ☐

C. (1) DATE of OPERATION MISSING

☐

(2) DATE of OPERATION after NOVEMBER 19, 1980

☐

D. (i) NON-NOTIFIER
(2) NOTIFIED after AUGUST 18, 1980

☐

Valid ☐

E. (1) FORM 1, VIII B SIGNATURE MISSING

☐

(2) FORM 3, IX B SIGNATURE MISSING

☐

2. { A. HANDLER

☐

B. NONREGULATED

☐

C. UNSURE

☐

D. UNKNOWN FACILITY
(missing name and address on Form 3)

☐

E. NEW FACILITY > NOV. 19, 1980

☐

F. CORE ITEM(S) MISSING

☐

G. NON-CORE ITEM(S) MISSING

☐

H. OTHER

☐

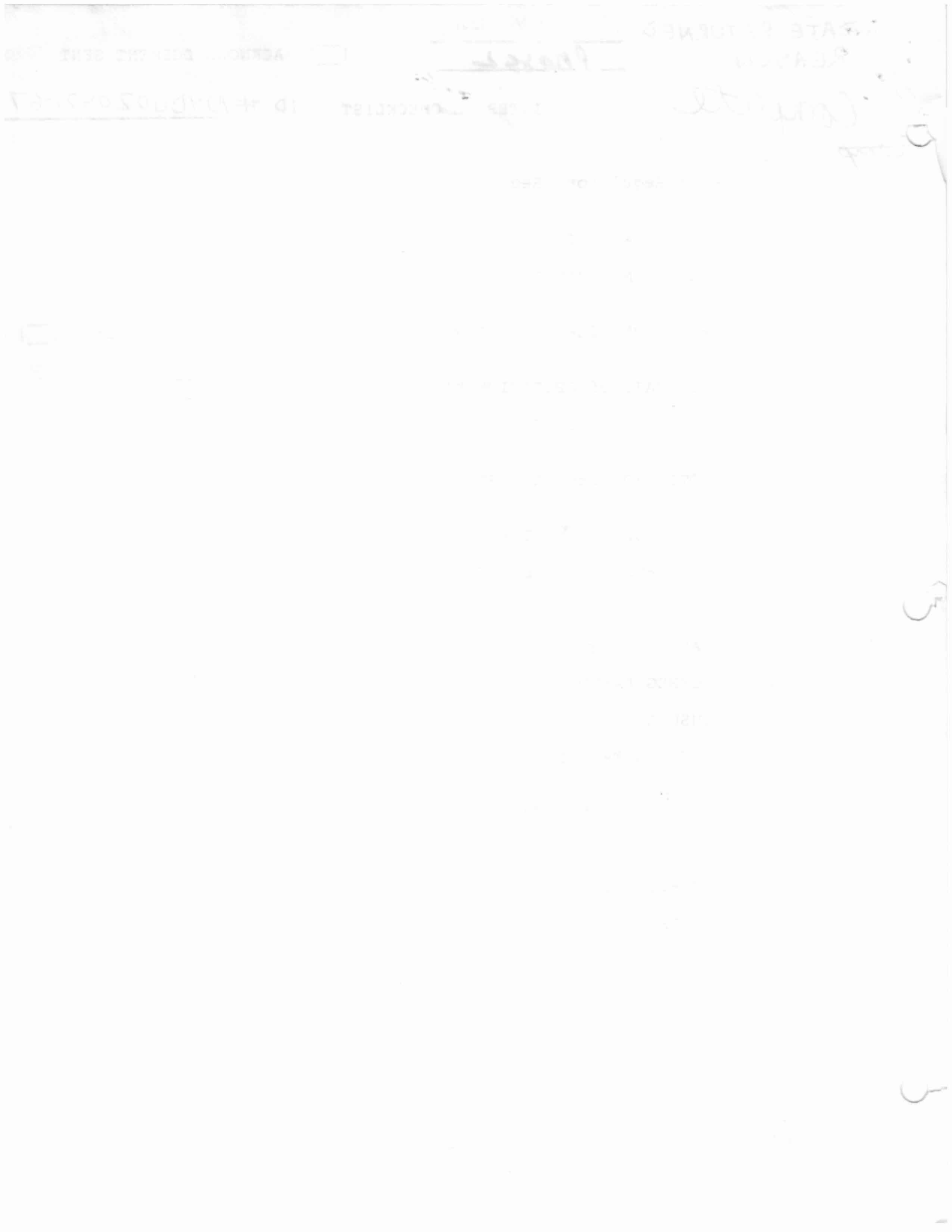
MISSING :

MAP ☐

DRAWING ☐

PHOTO ☐

A OK





**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

08/29/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NYD002042067

FACILITY NAME ->

B & H AIRCRAFT

MAILING ADDRESS ->

441 EASTERN PKWY
FARMINGDALE, NY 11735

INSTALLATION ADDRESS ->

441 EASTERN PKWY
FARMINGDALE, NY 11735

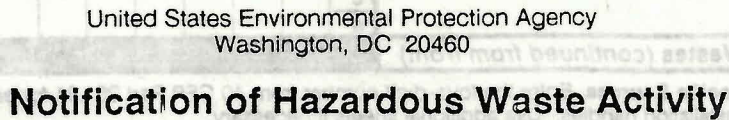
EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: KILGORE DUSTIN MGR
B & H AIRCRAFT
441 EASTERN PKWY
FARMINGDALE, NY 11735

Form Approved. OMB No. 2050-0028. Expires 10-30-91
GSA No. 0246-EPA-OT



Continue on reverse

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA
I.D. NO.

NYD002042067

I. NAME OF INSTALLATION

II. INSTALLATION
MAILING
ADDRESSB H AIRCRAFT CO INC
441 EASTERN PKWY/MPLWD AVE
FARMINGDALE, NY 11735

III. LOCATION OF INSTALLATION

441 EASTERN PKWY/MPLWD AVE
FARMINGDALE, NY 11735

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

NYD00204206731

800818

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3

CITY OR TOWN

ST.

ZIP CODE

4

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5

CITY OR TOWN

ST.

ZIP CODE

6

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 JAMIESON, NORTON OPERATIONS MGR

516-249-5000

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 B H AIRCRAFT CO INC

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

NYD002042067

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY

S	W	N	Y	D	O	O	2	0	4	2	0	6	7	T/A	C	
1	2													13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 6 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Robert F. Kearns

NAME & OFFICIAL TITLE (type or print)

Robert F. Kearns
Vice President and Treasurer

DATE SIGNED

8-15-80

ap

OK

FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">S</td> <td style="width:10%;">F</td> <td style="width:10%;">NYD</td> <td style="width:10%;">00</td> <td style="width:10%;">20</td> <td style="width:10%;">42</td> <td style="width:10%;">06</td> <td style="width:10%;">7</td> <td style="width:10%;">3</td> <td style="width:10%;">D</td> </tr> </table>	S	F	NYD	00	20	42	06	7	3	D																																												
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II. POLLUTANT CHARACTERISTICS <p>INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK 'X'</th> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK 'X'</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</td> <td></td> <td>X</td> <td></td> <td>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</td> <td></td> <td>X</td> <td></td> <td>D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</td> <td>X</td> <td></td> <td></td> <td>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</td> <td></td> <td>X</td> <td></td> <td>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>I. 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C	5	NASSAU	FARMINGDALE	N.Y.	1.173.5																																																			

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND										
C	7	3	7	2	4	(specify)					C	7				(specify)				
15	16	17	18	19	20	AIRCRAFT ENGINE PARTS					15	16	17	18	19					
C. THIRD										D. FOURTH										
C	7					(specify)					C	7				(specify)				
15	16	17	18	19	20						15	16	17	18	19					

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?																													
C	8	B	H	.	A	I	R	C	R	A	F	T	C	O	M	P	A	N	Y	I	N	C	.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO															
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	66																
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)																													
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)										C A 5 1 6 2 4 9 5 0 0 0									
E. STREET OR P.O. BOX																																							
441 EASTERN PARKWAY																																							
F. CITY OR TOWN										G. STATE										H. ZIP CODE										IX. INDIAN LAND									
B FARMINGDALE										N Y										1 1 7 3 5										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37										40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60										52																			

E. STREET OR P.O. BOX																																							
441 EASTERN PARKWAY																																							
F. CITY OR TOWN										G. STATE										H. ZIP CODE										IX. INDIAN LAND									
B FARMINGDALE										N Y										1 1 7 3 5										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37										40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60										52																			

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)											
C	9	N				C	9	P													
15	16	17	18	19	20	15	16	17	18	19	20										
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)											
C	9	U				C	9					(specify)									
15	16	17	18	19	20	15	16	17	18	19	20	NEW YORK SPDES PERMIT									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)											
C	9	R				C	9					(specify)									
15	16	17	18	19	20	15	16	17	18	19	20										

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

B. H. AIRCRAFT COMPANY, INC., ESTABLISHED IN 1933, IS A MANUFACTURER OF AIRCRAFT TURBINE ENGINE PARTS. MATERIALS UTILIZED INCLUDE ALUMINUM, TITANIUM, STAINLESS STEEL AND HIGH TEMPERATURE NICKEL ALLOYS. PLANT CURRENTLY EMPLOYS APPROXIMATELY ONE HUNDRED AND FIFTY (150) PEOPLE.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.																													
A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
Vice President Robert F. Kearns & Treasurer										Robert F. Kearns										November 19, 1980									
COMMENTS FOR OFFICIAL USE ONLY																													
C						C																							
15	16	17	18	19	20	15	16	17	18	19	20																		

EPA RCRA	U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
		F N Y D 0 0 2 0 4 2 0 6 7 3 1											

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	
23	24 - 29	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)	
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)	
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
C	YR. MO. DAY	C	YR. MO. DAY
8	4 7 0 6 1 1		
73 74	75 76 77 78	73 74	75 76 77 78

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS ☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

D U P												T/A C																	
												I																	
B. PROCESS DESIGN CAPACITY																													
LINE NUMBER	A. PROCESS CODE (from list above)	1. AMOUNT (specify)					2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	1. AMOUNT					2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY												
		16	17	18	19	20					21	22	23	24	25			26	27	28	29	30	31	32					
X-1	S 0 2	600					G		5																				
X-2	T 0 3	20					E		6																				
1	S 0 2	850.000					G		7																				
2									8																				
3									9																				
4									10																				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
X-1	K	0	5	4	900	P	T	0	3	D	8	0		
X-2	D	0	0	2	400	P	T	0	3	D	8	0		
X-3	D	0	0	1	100	P	T	0	3	D	8	0		
X-4	D	0	0	2									included with above	

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

[illegible]

DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

FG: A
55

FG: A
56

EPA I.D. NO. (enter from page 1)

F NY D 0 0 2 0 4 2 0 6 7 3 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4 0 4 4 1 4 0

0 7 3 2 6 0 4 0

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Robert F. Kearns
Vice President & Treasurer

Robert F. Kearns

November 19, 1980

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

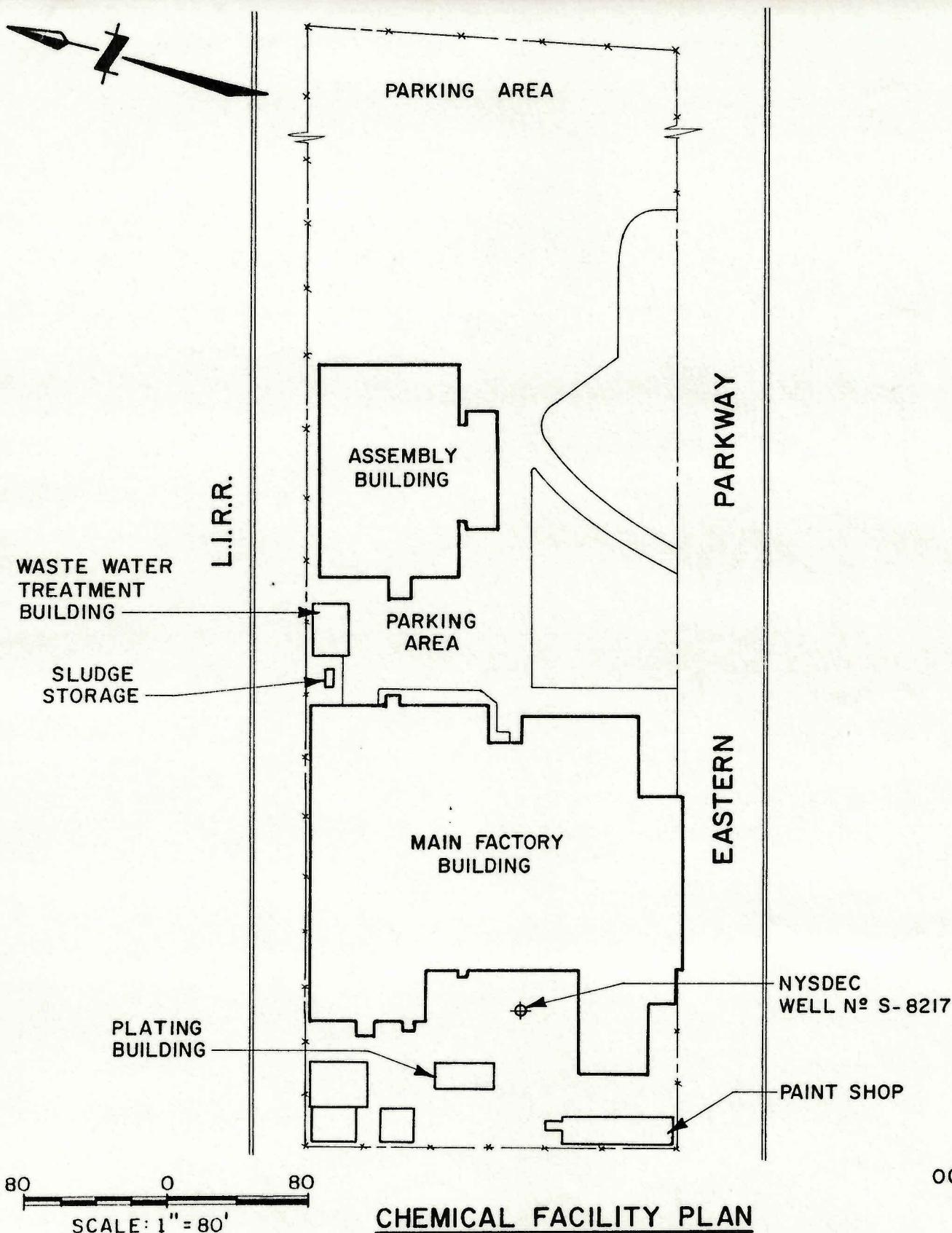
C. DATE SIGNED

Norton B. Jamieson
Manager of Operations

Norton B. Jamieson

November 19, 1980

V. FACILITY DRAWING (see page 4)

CHEMICAL FACILITY PLAN

OCTOBER 1980

B.H. AIRCRAFT INC.
FARMINGDALE, NASSAU CO., NEW YORK
EPA I.D. NO. NYD 002042067

WATER TOWER 8M x 8M 4.5M

V. FACILITY DRAWING (see page 4)



PARKING AREA

ASSEMBLY
2-11-10

WATER TOWER
BUILDING

WATER
TOWER

MAIN BUILDING
2-11-10

WATER TOWER

WATER TOWER

WATER TOWER

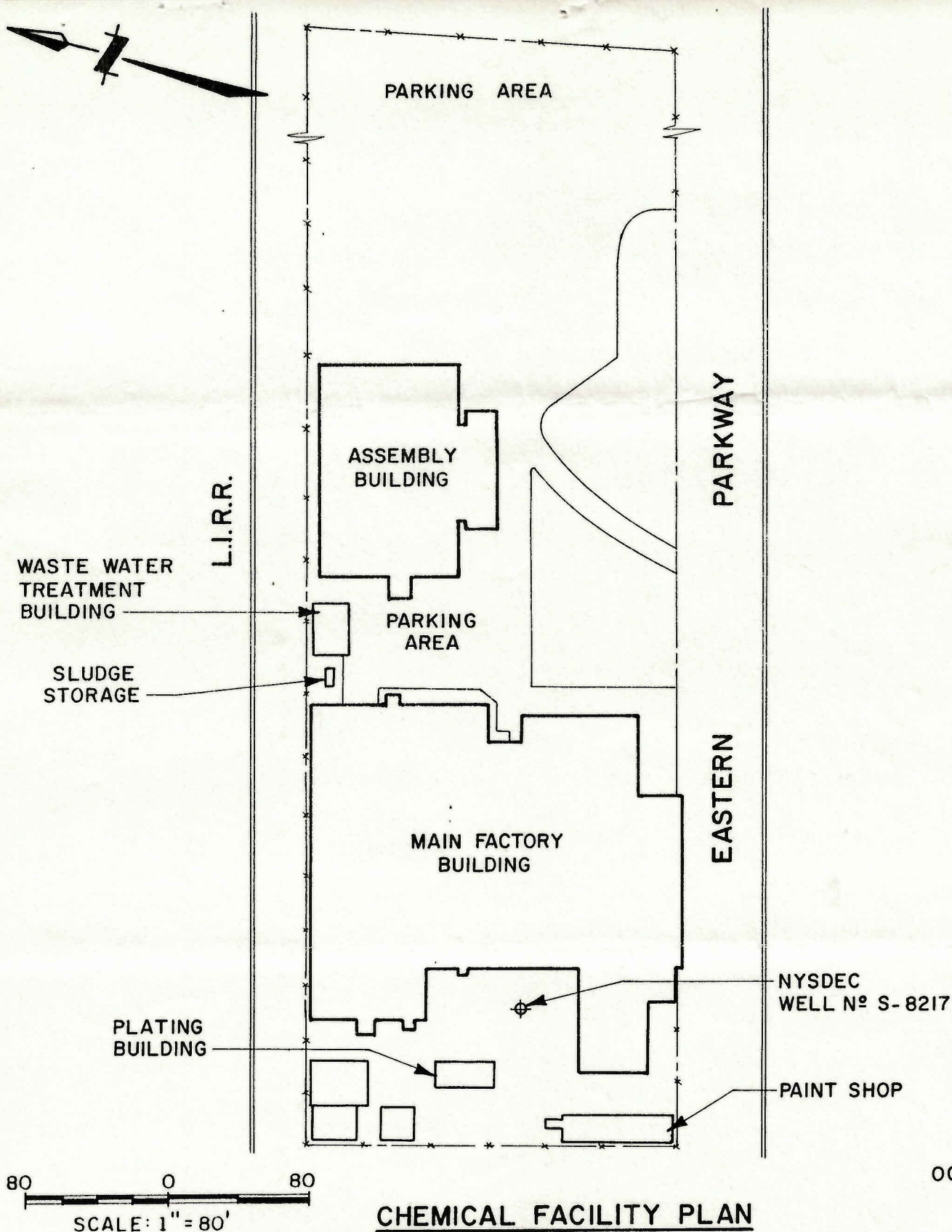
WATER TOWER

WATER TOWER

Scale 1:1000

Scale 1:1000

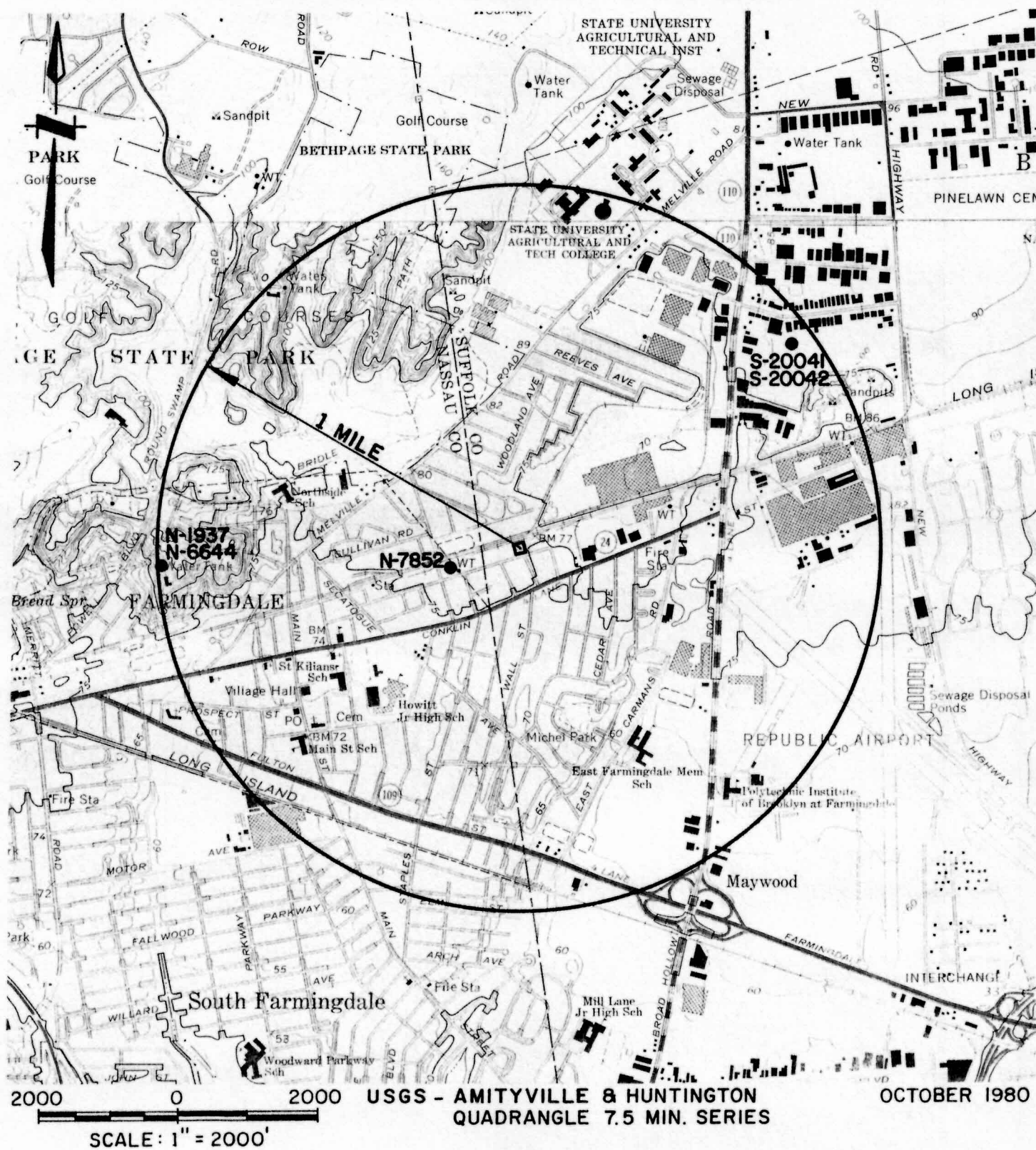
V. FACILITY DRAWING (see page 4)



OCTOBER 1980

CHEMICAL FACILITY PLAN

B.H. AIRCRAFT INC.
FARMINGDALE, NASSAU CO., NEW YORK
EPA I.D. NO. NYD 002042067



LOCATION MAP
SHOWING PUBLIC WATER
B.H. AIRCRAFT INC.
FARMINGDALE, NASSAU CO., NEW YORK
EPA I.D. NO. NYD 002042067

B. H. AIRCRAFT COMPANY, INC.
Farmingdale, L. I., N. Y.



GENERAL VIEW
OF PLANT LOOKING NE



GENERAL VIEW OF
PLANT LOOKING NW



SLUDGE HOLDING
TANK



WASTE WATER
TREATMENT BUILDING



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•NYD002042067

INSTALLATION ADDRESS

B H AIRCRAFT CO INC
441 EASTERN PKWY/HPLWD AVE
FARMINGDALE NY 11735

441 EASTERN PKWY/HPLWD AVE
FARMINGDALE NY 11735

